

**441—58.65 (234) Provider reimbursement.** A provider approved to participate shall be reimbursed as follows:

**58.65(1)** The provider shall submit a completed demographic data form and the authorization form to the Iowa concern hotline within 30 days after each completed session with an approved applicant.

**58.65(2)** The provider shall be reimbursed at the lower of:

- a.* A rate of \$93 per assessment or counseling session, or
- b.* The prevailing Iowa Medicaid rate.

[**ARC 7641B**, IAB 3/25/09, effective 3/1/09; **ARC 7830B**, IAB 6/3/09, effective 7/8/09]